

**City of Harrisburg
Health License Application**

Business Name: _____ Date: ____/____/200__

Applicants Name*: _____

****Attach copy of government issued proof of Identification with Picture***

☐ This is an Amendment to a current license. License # _____

1.) Type of License(s) Requested (circle all that apply):

Public Eating and Drinking Establishment

- ☐ A - \$ 75.00 Occupancy of 0 to 49
- ☐ B - \$100.00 Occupancy of 50 to 99
- ☐ C - \$150.00 Occupancy of 100+
- ☐ D - \$200.00 Multi: Any Restaurant Category + Catering + Special Events

Miscellaneous

- ☐ E - \$ 75.00 Add for any catagory doing off-site Catering in the City
- ☐ F - \$ 15.00 Special Events (per day rate) ***Requires different application.***

Market Style Food Vendor, Indoor or Outdoor (ie: Broad Street Market, Farm Show)

- ☐ G- \$ 25.00 Base Fee: Non Hazardous Foods
- ☐ H- \$+75.00 Add if selling Meat / Poultry / Seafood / Bakery
- ☐ I - \$+50.00 Add for Wholesale Option

Grocery / Convenience Store: Total Floor Area

- ☐ J - \$ 50.00 499 square feet or less
- ☐ K - \$ 75.00 500 to 999 square feet
- ☐ L - \$100.00 1000 to 4999 square feet
- ☐ M - \$150.00 5000 square feet or more
- ☐ N - \$+50.00 ***Add for Meat, Poultry or Seafood Sales, In-store Deli or Bakery***

Food Wholesaler / Distributor

- ☐ O - \$100.00

Non-profit: Must be a 501(c) (3) and not competing with private industry (Café, Bar, Store..)

- ☐ P - \$ 25.00 Social Kitchen Only
- ☐ Q - \$ 50.00 Institutional / Commercial Kitchen

Effective November 1, 2003 all applications will require a \$25.00 Application fee.

- ☒ Z - \$ 25.00 Application Fee

*Whereas your Health License will cover all events, if you choose to participate in special events you will need to carry the \$50.00 General Mercantile License in addition to \$40.00 Mercantile.

\$_____.00 Total of Above: Amount Check /MO to City Treasurer*

**** Examples of multiple licenses: if a grocery store with hot foods you must carry a (A) and an (?). If a deli with chips, candy and pastry, you will be a (A) and (N).***

**** This amount is doubled if application is not turned in 10 business days before change / opening of establishment.***

2.) Will there be Patron seating? ☐ No ☐ Yes If "Yes", seating capacity: ____

3.) Please choose one from the following:

- ☐ New Construction ☐ Conversion from a Business / Residence
☐ Remodeled - New Owner ☐ Remodeled ☐ New Management

4.) Contact Information: it is your responsibility to notify this office of changes.

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Telephone Number(s): _____ and _____

	Name	Address	Telephone #
Owner 1	_____	_____ _____	_____ _____
Owner 2	_____	_____ _____	_____ _____
Owner 3 Or Manager	_____	_____ _____	_____ _____
Owner 4 Or Manager	_____	_____ _____	_____ _____

5.) Waste Removal Provider? _____

6.) Fire Suppression Service Provider? _____

7.) Pest Control Service Provider? _____

8.) Do you have restrooms for both sexes, with hot and cold running water at sinks, liquid soap and a sanitary hand dryer / papertowel dispenser?

☐ Yes ☐ No If "No", explain: _____

You Must Attach the Following:

- 9.) Detailed floorplan of kitchens / bars / establishment**
- 10.) Detailed Construction / Renovation plans including plumbing & electric***
- 11.) Detailed list of all equipment with specification sheets**
- 12.) Copy of proposed menu**
- 13.) Copy of supervisory employee's PA Food Certification Card.**
- 14.) Listing of Vendors, including contact information**
- 15.) Mercantile Application with a separate check**
- 16.) If declaring Non-profit Status, you must attach proof of 501 (c) (3) status and if operating an establishment a statement of your mission as declared to the IRS and how the activity *directly* serves your mission.**

* All plumbing and electrical work must be done by a plumber or electrician licensed by the City of Harrisburg, must have a third party inspection when applicable and must have a permit where applicable. All contractors and equipment installers must have a mercantile license with the City. Permits are required for any work valued at \$1000.00 and above, this value includes fair market value of all labor and supplies / equipment.

Health License Specifics

- 1.) All Health Licenses expire on December 31 of that issuance year, they are not pro-rated.
- 2.) A license is for that establishment, at that location, for that owner. They are not transferable. All changes from original application should be submitted to this office, in writing within 48 hours.
- 3.) All licensed establishments must file an amended application before equipment changes, renovations or extensive menu changes (25% of menu). Changes are subject to approval of this office
- 4.) All licensed establishments are subject to formal and informal inspections at any time. The results of a formal inspection are public domain and may be provided in a public forum.
- 5.) All licenses are subject to suspension, revocation and administrative actions that may include financial penalties for failure to follow applicable laws, administrative rules & regulations and guidelines regarding food service and codes violations relating to the entire property-containing establishment. Applicable codes and rules and regulations are available for review in the Office of Codes Administration and/or the City Clerks Office, Dr. Martin Luther King Jr. City Government Center, 10 N. Second Street, Harrisburg, PA 17101. Any changes clarifications or additions will be posted the first business day of each month.

With my signature on page 4, I hereby acknowledge receipt of Health License Application Packet. I have thoroughly reviewed all information and have willingly completed the application form. I understand that the rules and regulations are available in the Dr. Martin Luther King Jr. City Government Center and have the opportunity to view them at any time. I acknowledge that all the information is true to the best of my knowledge and that I am an owner or authorized agent of the corporation. I understand that any falsification of this document will result in it being null and void. It is to be noted that submission of a false statement to a public official, pursuant to Section 4904 of Title 18 of the Pennsylvania Crimes Code, constituting a misdemeanor of the third degree offense, punishable by a fine and imprisonment of not more than one year.

Business Name: _____ Street Address: _____

Signature of Owner / Agent: _____ Date: ____/____/200__

Print Name: _____ Title: _____

Signature of Witness: _____ Date: ____/____/200__

Print Name: _____ Phone Number: _____

For Office Use Only:

Date Received: ____/____/200__ By: _____

Make sure application is complete: ☐ All pages, especially signatures and dates, complete.

ATTACHMENTS: ☐ Floorplan(s) ☐ Construction / Renovations Plans

☐ Equipment List with Spec. Sheets ☐ Copy of Menu(s) ☐ Vendor List ☐ Mercantile App

☐ Health License: Check # _____ ☐ Mercantile License: Check # _____

☐ Property # _____ Codes Check, attach results.

Date Forwarded to Health Officer: ____/____/200__ By: _____

Pre-plan Approved: ____/____/200__ ☐ Pre-plan Inspection Required _____

Final Inspection: _____ ☐ Pass ☐ Fail ☐ Temp./Corrections Attached

Final RE-Inspection: _____ ☐ Pass ☐ Fail ☐ Reapply

☐ All signatures acquired

Date Forwarded to Mercantile: ____/____/200__ By: _____

Returned to Health Officer: ____/____/200__ Account # _____

By: _____ Checks Sent to Treasury with Completed Health License: ____/____/200__